

AGREEMENT SUMMARY

STD 215 (NEW 02/98)

AGREEMENT NUMBER

AMENDMENT NUMBER

☐ **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED**

1. CONTRACTOR'S NAME

2. FEDERAL I.D. NUMBER

COUNTY OF

AGENCY TRANSMITTING AGREEMENT

4. DIVISION, BUREAU, OR OTHER UNIT

5. AGENCY BILLING CODE

BOARD OF CORRECTIONS**Corrections Planning & Programs****63115**

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT

Field Representative/Consultant: _____

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☒ NO☐ YES (If YES, enter prior contractor

name and Agreement Number) _____

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES

N/A


9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)

10. PAYMENT TERMS (More than one may apply.)

☐ MONTHLY FLAT RATE☒ QUARTERLY☐ ONE -TIME PAYMENT☒ PROGRESS PAYMENT☐ ITEMIZED INVOICE☒ WITHHOLD 20 %☐ ADVANCED PAYMENT NOT TO EXCEED☒ REIMBURSEMENT

\$ _____ or %

☒ OTHER (Explain) Last 20% of grant funds will be retained pending successful completion of project.

1. PROJECTED EXPENDITURES FUND TITLE	ITEM	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES
Federal	5430- -0890				\$
					\$
					\$
OBJECT CODE					AGREEMENT TOTAL \$
OPTIONAL USE					AMOUNT ENCUMBERED BY THIS DOCUMENT \$
I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.					PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$
ACCOUNTING OFFICER'S SIGNATURE 			DATE SIGNED		TOTAL AMOUNT ENCUMBERED TO DATE \$
AGREEMENT	From	Through	TOTAL COST OF THIS TRANSACTION		BID, SOLE SOURCE, EXEMPT
Original			\$		\$
Amendment No.			\$		
Amendment No. 2			\$		
Amendment No. 3			\$		
			TOTAL \$		\$

(Continue)